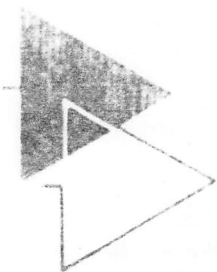


Dr Willard Draper

He died 6-4-58 from gunshot wound in
St. Marks Hosp. under care of Drs R.R. Green
& I. Fred Bushnell.



SFERA

MEDICAL LABORATORY

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STATE OF UTAH

DEPARTMENT OF HEALTH

REC'D JUN 18 1958

UTAH CERTIFICATE OF DEATH

58 18 1405

REGISTRAR'S NO 1229

STATE FILE NO.

1. PLACE OF DEATH a. COUNTY Salt Lake		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Utah b. COUNTY Wasatch	
3. CITY, TOWN, OR LOCATION Salt Lake City		c. LENGTH OF STAY IN 1b None	
d. NAME OF HOSPITAL OR INSTITUTION In Ambulance at Entry to St. Marks Hospital		4. STREET ADDRESS 491 S. Main	
e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Willard Jesse Draper		4. DATE OF DEATH June 4, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 4, 1921
9. AGE (In years last birthday) 37		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician & Surgeon	
11. BIRTHPLACE (State or foreign country) Layton, Davis, Utah		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles H. Draper		14. MOTHER'S MAIDEN NAME Nettie Harris	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) Yes W.W.2		16. SOCIAL SECURITY NO None	
17. INFORMANT Mrs. Helen Draper, Heber, Utah		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intracerebral Hematoma, Midbrain 9190 DUE TO (b) Laceration of Midbrain DUE TO (c) Wound, Gunshot PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) None	
19. INTERVAL BETWEEN ONSET AND DEATH 1 1/2 Hrs.		20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) Cleaning gun at home and discharged.	
20c. TIME OF INJURY 12:15 P.M.		20d. PLACE OF INJURY (e. g., in or about home, factory, street, office bldg., etc.) Home	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Heber	
20g. COUNTY Wasatch		20h. STATE Utah	
21. I attended the deceased from 1 1/2 Hrs. to 1:46a and last saw him alive on June 4, 58		22a. SIGNATURE (Physician or Ule) R. Raymond Green M.D.	
22b. ADDRESS Heber Utah		22c. SIGNED June 58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 6, 58	
23c. NAME OF CEMETERY OR CREMATORY Heber		23d. LOCATION (City, town, or county) (State) Heber, Wasatch, Utah	
24. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Olpin-Heber		25. DATE REC'D. BY LOCAL REG. June 9, 1958	
26. REGISTRAR'S SIGNATURE Bill Allen		27. SIGNED June 58	

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued:

JAN 11 1984

John E. Brockert
John E. Brockert
DIRECTOR OF VITAL STATISTICS
By



WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES.

